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SCHEDULE B (FEC Form 3)

PAGE 668 OF 705 FOR LINE NUMBER: Use separate schedule(s) (check only one)

TEMIZED DISBURSEMENTS	for each category Detailed Summary		×	17 20a	18 20b	19a 20c	19b 21	
Any information copied from such Reports and Statemen	ts may not be sold or u	sed by any p	erson for t	the purpo	se of solic	iting contrib	outions	
or for commercial purposes, other than using the name a	and address of any politi	cal committee	to solicit	contribut	ions from	such comm	nittee.	
NAME OF COMMITTEE (In Full)								
Portman For Senate Committee								
Full Name (Last, First, Middle Initial)			Data	of Disbur				
A. Network Solutions, Inc.								
Mailing Address PO Box 17305			Q2	2	09	2015		
City State Baltimore MD	Zip Code 21297-0525		Amou	unt of Eac	ch Disburs	ement this I	Period	
Purpose of Disbursement			17.96					
Website Hosting Candidate Name		001	Transa	ction ID :	B-S-6328			
		Category/ Type	_ [MEN	O ITEM]				
Office Sought: Disbursement For: 2016			Subit	emization	of The Fift!	h Third Banl	k(02/09/15)	
<u> </u>	nary General							
	er (specify)							
State: District:								
The Fifth Third Bank			Date of Disbursement O2 D4 D5 D7 P7 P7 P7 P7 P7 P7 P7 P7 P7					
Mailing Address 38 Fountain Square Plaza								
City State	e Zip Code		Amo	unt of Ead	ch Disburs	ement this	Period	
Cincinnati OH	45202-3102				~~~			
Purpose of Disbursement Bank Service Fee 001			Transa		<u>-тыг</u>		5.87 	
Candidate Name		Category/ Type			B E 0000	-		
	t For: 2016 mary General er (specify)							
State: District:								
Full Name (Last, First, Middle Initial) C. The Fifth Third Bank			Date	of Disbu	rsement			
<u> </u>			_ M	M / [/ [0]	Y 	Ţ]	
Mailing Address 38 Fountain Square Plaza			0:	3	09	2015		
City State	Zip Code		Amo	unt of Ea	ch Disburs	ement this	Period	
Cincinnati OH	45202-3102				~~~~	107		
Purpose of Disbursement Credit Card Payment: See Below					و المسام	1972 <u></u>	2.30	
Candidate Name		Category/ Type	Transa	ction ID :	B-E-54207			
President Oth	t For: 2016 mary General ner (specify)	7'		nal vendor emo trans		ng reporting	threshold it	
State: District:					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2238		
SUBTOTAL of Disbursements This Page (optional)	······································				<u></u>			
TOTAL This Period (last page this line number only)			ل		<u></u>	<u></u>	الحييب	